

Facility Incident Reporting

Tutorial

January 31, 2012



***Division of Long Term Care Residents Protection
Delaware Health and Social Services***

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Purpose of this Application

This application is provided by the Delaware Health and Social Services, Division of Long Term Care Residents Protection. It is designed to allow long term care facilities in Delaware to quickly and easily submit Incident and Follow Up Reports through the Internet, using a web browser. You must have a **Facility Web Code**, issued by the Division, to use this application. Contact the Division toll-free at 1-877-453-0012 to apply for a Facility Web Code.

There are four areas of data to complete for each Incident Report: **Reporting Person, Incident Details, Resident(s), and Person(s) Involved/Witness(es)**. As you are filling each section, the application will validate your input before allowing you to move on to the next area. Once you have completed all four areas you will be able to review and modify your data before submitting it to the Division.

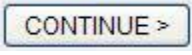
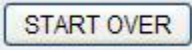
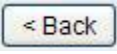
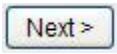

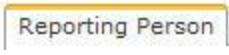

There is only one area of data to complete for the Follow Up Report. Your name, your position and the follow up details are required to submit the Follow Up Report.

After successfully submitting each report, you will have the opportunity to save an electronic copy of the report and print a paper copy. You **will not** be able to make any changes after submission of an Incident or Follow Up Report. Please contact the Division if there is any missing or incorrect information in your report.

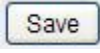
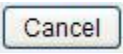


You will have **30 minutes** to complete an Incident or Follow Up Report from the time you click “**Create NEW Incident Report**” or “**Add Follow Up Information**”. Once the time limit is up, the application will clear all the data entered and send you back to the Home screen. Cleared data cannot be recovered.

Common Features






Navigation

	Once the Facility is confirmed, click Continue to enter an Incident Report or Follow Up Report.
	If the Facility is found but is not correct, click Start Over to open the Facility Web Code box and enter a different Facility Web Code.
	Returns to the previous screen. If there are any errors on the current screen, navigation is prohibited.
	Moves to the next screen. If there are any errors on the current screen, navigation is prohibited.
	Returns to the Home screen. The current Facility Web Code will be retained, but any information entered about the Incident will be lost and cannot be recovered.
	Click any of the visible tabs to navigate to a set of information. If that set hasn't been entered yet, the tab won't be visible.
	These buttons appear in the pop-up confirmation boxes. Click OK for Yes or Cancel for No.

Data Entry

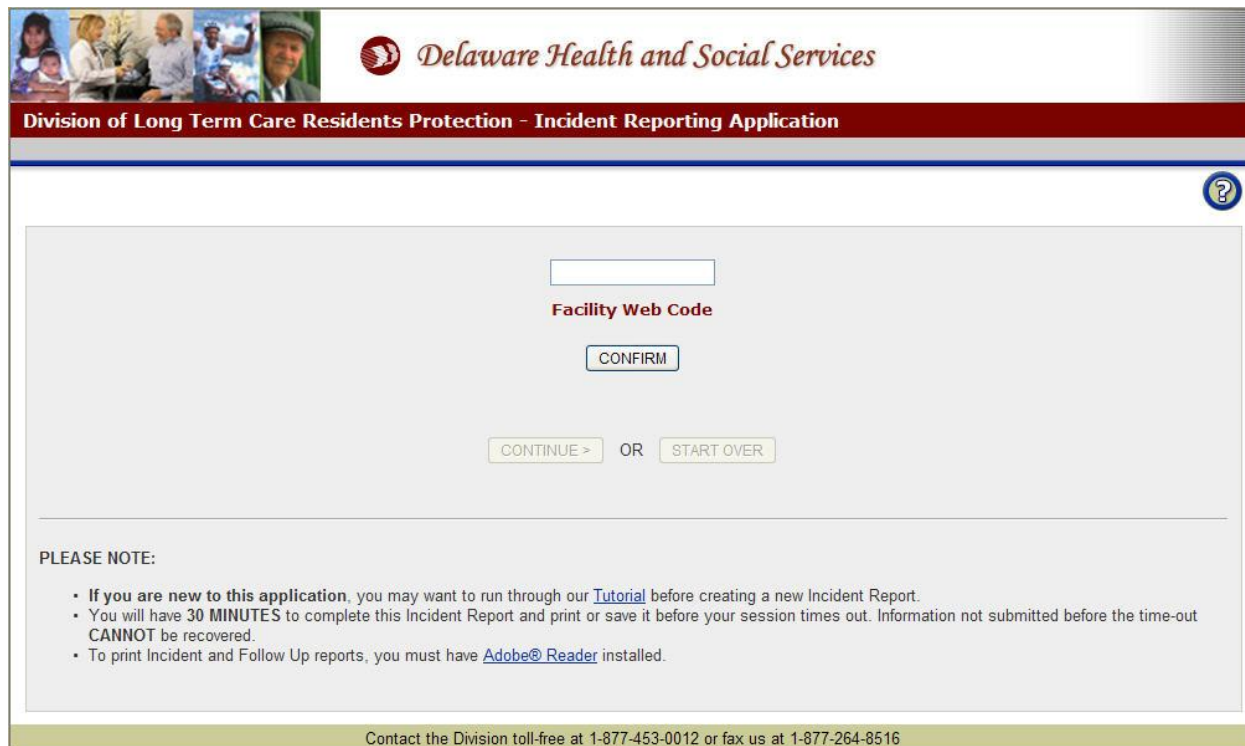
	The Save button is only available when adding/editing a Resident or Person Involved/Witness. It saves the data in memory, but does not submit the data to the Division.
	The Cancel button on the Resident and Person Involved/Witness add/edit screen will cancel the add/edit of the Resident or Person Involved/Witness. It will not cancel the entire Incident Report.
	After a Resident or Person Involved/Witness is added, the data may be edited IF the Incident Report has not been submitted. Click Edit on the appropriate line in the grid.
	After a Resident or Person Involved/Witness is added, the data may be deleted IF the Incident Report has not been submitted. Click Delete on the appropriate line in the grid. This data cannot be recovered.

Help/Tips

	Help button. Click to view helpful information on how to enter data on the current screen.
	Edit masks are provided for phone numbers, dates, and social security numbers. You may type the numbers in without entering the dashes or slashes, i.e. 8005551212 for a phone number.
	If a field uses radio buttons for selection, once you select one of the choices you can only select a different one if your choice is incorrect. You cannot go back to no selection at all.
	Any field labeled with a * is required to submit the Incident Report.
	<p>Use the calendar button to choose a date instead of typing it in. Click the calendar button to display or hide the calendar. If the date is far in the past, it may be easier to type it in and then use the calendar for minor adjustments.</p> <p>To select a date in an earlier month in the same year, after clicking the calendar button to bring up the calendar, click the arrow to the left of the month name, then click the desired month's abbreviation from the list.</p> <p>To select a date in an earlier year, after clicking the calendar button to bring up the calendar, click the arrow to the left of the month name to display month abbreviations, then click the same arrow again to show a list of years.</p> <ul style="list-style-type: none">a.) If the year you want is showing, click it, then click the desired month's abbreviation from the list.b.) If the year you want is earlier than any of the years showing, click the earliest year showing, then click the arrow again to display a list of earlier years.c.) If the year you want is still not showing, repeat (b) above, otherwise click the desired month's abbreviation from the list.

Confirming the Facility

The first step in entering an Incident or Follow Up report is to use your Facility Web Code to identify yourself and your facility.



The screenshot shows the home screen of the Delaware Health and Social Services Incident Reporting Application. At the top, there is a banner with a collage of people and the text "Delaware Health and Social Services" and "Division of Long Term Care Residents Protection - Incident Reporting Application". Below the banner, there is a text input field for the "Facility Web Code" and a "CONFIRM" button. Below the button are two buttons: "CONTINUE >" and "START OVER", separated by the word "OR". At the bottom, there is a "PLEASE NOTE:" section with three bullet points: "If you are new to this application, you may want to run through our Tutorial before creating a new Incident Report.", "You will have 30 MINUTES to complete this Incident Report and print or save it before your session times out. Information not submitted before the time-out CANNOT be recovered.", and "To print Incident and Follow Up reports, you must have Adobe® Reader installed." At the very bottom, there is a contact information line: "Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516".

Figure 1 - Home Screen

1. Enter your **Facility Web Code**. This code will be supplied to your Facility by the Division.
2. Click the **CONFIRM** button.
 - a. If the Facility name and location *are not valid* an error message will appear. Correct the Facility Web Code and click **CONFIRM** again.
 - b. If the Facility name and location appear but *it is not your facility*, click **START OVER** and reenter your Facility Web Code.
 - c. If the Facility name and location are *correct*, click **CONTINUE >**. The “Create NEW Incident Report” and “Add Follow Up Information” buttons will appear.

NOTE: You will have 30 minutes from the time you click the Confirm button until the time limit is reached to enter and submit your Incident Report. Once submitted, you will have an additional 30 minutes to save and print the report.

Creating a New Incident Report



The screenshot shows the start screen of the 'Division of Long Term Care Residents Protection - Incident Reporting Application'. At the top, there is a header with a collage of five small photos on the left and the text 'Delaware Health and Social Services' on the right. Below this is a dark red banner with the text 'Division of Long Term Care Residents Protection - Incident Reporting Application'. A blue question mark icon is in the top right corner. The main content area is a large light gray rectangle containing two buttons: 'Create NEW Incident Report' and 'Add Follow Up Information'. At the bottom, a green footer bar contains the text 'Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516'.

Figure 2 - Start Screen

1. Click . The **Reporting Person** screen will appear.

Reporting Person

This screen captures the contact information for the person reporting the incident. The screen will be automatically populated with the contact information from the Facility confirmed. However, you may change any of the pre-populated information.

Reporting Person

Enter your information (as the person reporting this incident):


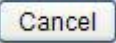
First Name:*	<input type="text"/>	Address Line 1:	<input type="text" value="505 Greenbank Rd"/>
Last Name:*	<input type="text"/>	Address Line 2:	<input type="text"/>
Position:*	-- Select --	City:	<input type="text" value="Wilmington"/>
Phone Number:	<input type="text" value="302-998-0101"/>	State (eg DE):	<input type="text" value="DE"/>
Email:	<input type="text" value="contact@AccordHealth.org"/>	Zip Code:	<input type="text" value="19808-3164"/>

* Required

Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 3 - Reporting Person Screen

1. Enter the **First Name*** up to 30 characters.
2. Enter the **Last Name*** up to 30 characters.
3. Select the **Position*** from the drop-down list.
4. Enter or modify the **Phone Number**. Type in numbers only, the dashes are already in place.
5. Enter or modify the **Email** address up to 40 characters.
6. Enter or modify the **Address Line 1** up to 40 characters.
7. Enter or modify the **Address Line 2** up to 40 characters. Use this for Suite #, Apartment #, PO Box, etc.
8. Enter or modify the **City** up to 30 characters.
9. Enter or modify the 2 character **State**.
10. Enter or modify the **Zip Code**. The plus 4 number is optional.
11. Click  to save the Reporting Person information and move to the Incident Details screen.
12. Click  to return to the Facility Web Code confirm screen. Any data entered so far will be lost!

Incident Details

This screen captures the details related to the Incident.

Reporting Person Incident Details

Enter the Details of the Incident:

Incident Date:*  Incident Time:*
(Military Style, e.g. 0500 or 1525)

Resident to Resident?:* ☐ Yes ☒ No

Primary Incident Type:* -- Select --

Secondary Incident Type:
(Click ANY additional that apply)

Abuse
Death
Elopement
Fall
Financial Exploitation
(Hold CTRL key to select or de-select multiple items)


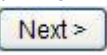
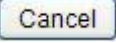
Brief Description of the Incident:*

* Required

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 4 - Incident Details Screen

1. Enter the **Incident Date*** either by typing or clicking the .
2. Enter the **Incident Time*** in military style, e.g. 0500 or 1525.
3. If this incident was **Resident to Resident** click Yes.
4. Select the **Primary Incident Type*** from the drop-down list.
5. If there are multiple Incident Types, select additional types from the **Secondary Incident Type** box. Hold the **Ctrl** key to select more than one. To de-select a choice, hold **Ctrl** and click the choice.
6. Enter a **Brief Description of the Incident***.
7. Click  to save the Incident Detail information and move to the Residents screen.
8. Click  to return to the Facility Web Code confirm screen. Any data entered so far will be lost!

Resident(s)

This screen captures information related to the one (or many) Residents affected by this Incident.

Add Resident

Delaware Health and Social Services

Division of Long Term Care Residents Protection - Incident Reporting Application

Accord Health Service at Brandywine

Reporting Person Incident Details Resident(s)

ADD RESIDENT ALL RESIDENTS ☐

(No Residents Added)

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 5 - Resident(s) Screen (empty)

1. Click **ALL RESIDENTS** ☐ if the Incident affected many Residents at the Facility then skip to **Step 15**. No single Resident may be added if ALL RESIDENTS is checked.

OR

2. Click **ADD RESIDENT** to add information on a single Resident.

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Resident(s)

(No Residents Added)


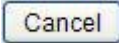
First Name:* Last Name:* Date of Birth: Gender:* SSN: Injury Level:* Alert: Oriented: Physician Notified:* Family Notified:*


* Required

Save Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 6 - Resident Data Entry Screen

3. Enter the **First Name*** up to 30 characters.
 4. Enter the **Last Name*** up to 30 characters.
 5. Enter the **Date of Birth** of the Resident.
 6. Select the **Gender*** of the Resident.
 7. Enter the **Social Security Number** of the Resident. Partial numbers are not allowed.
 8. Select the **Injury Level*** of the Resident from the drop-down list.
 9. If the Resident was **Alert** after the Incident, choose Yes otherwise choose No.
 10. Choose the **Oriented** level.
 11. If the **Physician** was **Notified**, click Yes.
 12. If the **Family** was **Notified**, click Yes.
9. Click  and the **Resident** added will appear in the Residents grid.
10. Click  to return to the Residents screen. Any data entered so far will be lost!



Reporting Person Incident Details Resident(s)

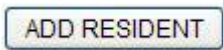
ADD RESIDENT

First Name	Last Name	SSN	DOB	Gen	Injury Level	Alert	Oriented	Phys Not	Fam Not		
Jane	Doe	555-55-5555	10/31/1930	F	N/A - Other	Y	X2	Y	N	Edit	Delete

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 7 - Residents Screen (one Resident)

11. Click  to enter another **Resident** affected by the Incident.

OR

12. Click  to enter **Persons Involved** in or **Witnesses** of the Incident.

Edit Resident

Resident information may be modified only if the Incident Report has not been submitted.



Reporting Person Incident Details Resident(s)

ADD RESIDENT

First Name	Last Name	SSN	DOB	Gen	Injury Level	Alert	Oriented	Phys Not	Fam Not		
Jane	Doe	333-33-3333	10/31/1930	F	Injury During Transport	Y	X2	Y	Y	Edit	Delete
John	Smith	222-22-2222	01/01/1900	M	Injury During Transport	N	No	Y	Y	Edit	Delete

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 8 - Residents Screen (two Residents)

1. Click **Edit** next to the desired **Resident**. The Resident data will appear in the edit area.
You must click **Save** or **Cancel** to return to the Incident Report.



Resident(s)

First Name	Last Name	SSN	DOB	Gen	Injury Level	Alert	Oriented	Phys Not	Fam Not		
Jane	Doe	333-33-3333	10/31/1930	F	Injury During Transport	Y	X2	Y	Y	Edit	Delete
John	Smith	222-22-2222	01/01/1900	M	Injury During Transport	N	No	Y	Y	Edit	Delete

First Name:* Jane Injury Level:* Injury During Transport

Last Name:* Doe Alert: ☒ Yes ☐ No

Date of Birth: 10/31/1930 Oriented: ☐ No ☐ X1 ☒ X2 ☐ X3


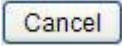
Gender:* ☐ Male ☒ Female Physician Notified:* ☒ Yes ☐ No

SSN: 333-33-3333 Family Notified:* ☒ Yes ☐ No

* Required

Save Cancel

Figure 9 - Residents Screen (data entry open)

2. Modify the **First Name*** up to 30 characters.
3. Modify the **Last Name*** up to 30 characters.
4. Modify the **Date of Birth** of the Resident.
5. Modify the **Gender*** of the Resident.
6. Modify the **Social Security Number** of the Resident. Partial numbers are not allowed.
7. Modify the **Injury Level*** of the Resident from the drop-down list.
8. If the Resident was **Alert** after the Incident, choose Yes otherwise choose No.
9. Modify the **Oriented** level.
10. If the **Physician** was **Notified**, click Yes.
11. If the **Family** was **Notified**, click Yes.
12. Click  and the updated Resident will appear in the Residents grid.
13. Click  to return to the Residents screen. Any modifications will be lost!



Reporting Person Incident Details Resident(s)

ADD RESIDENT

First Name	Last Name	SSN	DOB	Gen	Injury Level	Alert	Oriented	Phys Not	Fam Not		
Jane	Doe	333-33-3333	10/31/1932	F	N/A - Other	Y	X2	N	Y	Edit	Delete
John	Smith	222-22-2222	01/01/1900	M	Injury During Transport	N	No	Y	Y	Edit	Delete

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 10 - Residents Screen (updated)

Delete Resident

Resident information may be deleted only if the Incident Report has not been submitted.



Reporting Person Incident Details Resident(s)

ADD RESIDENT

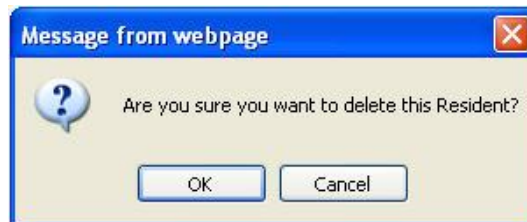
First Name	Last Name	SSN	DOB	Gen	Injury Level	Alert	Oriented	Phys Not	Fam Not		
Jane	Doe	333-33-3333	10/31/1932	F	N/A - Other	Y	X2	N	Y	Edit	Delete
John	Smith	222-22-2222	01/01/1900	M	Injury During Transport	N	No	Y	Y	Edit	Delete

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 11 - Residents Screen (two Residents)

1. Click next to the appropriate **Resident**. A confirmation box will appear.

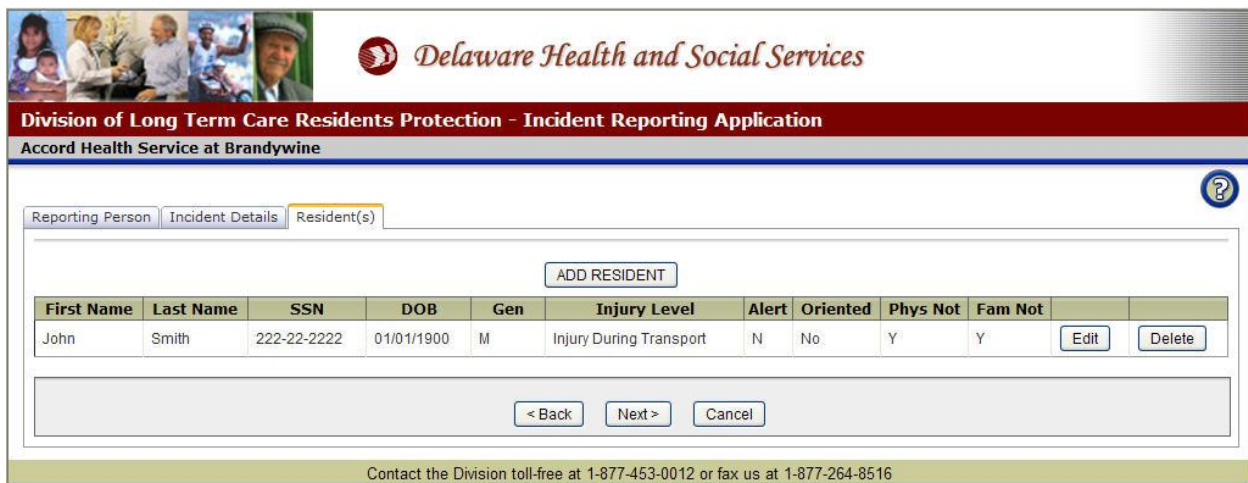


Message from webpage

Are you sure you want to delete this Resident?

OK Cancel

2. Click to permanently delete the Resident or to keep the Resident.



Reporting Person Incident Details Resident(s)

ADD RESIDENT

First Name	Last Name	SSN	DOB	Gen	Injury Level	Alert	Oriented	Phys Not	Fam Not		
John	Smith	222-22-2222	01/01/1900	M	Injury During Transport	N	No	Y	Y	Edit	Delete

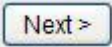
< Back Next > Cancel

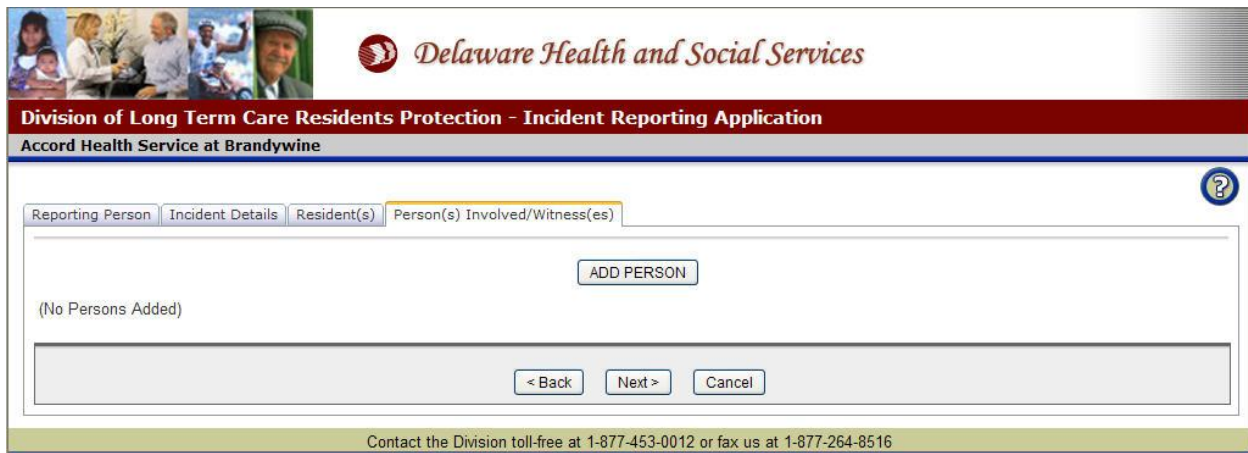
Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 12 - Residents Screen (Resident deleted)

Person(s) Involved/Witness(es)

Add Person

Person(s) Involved and Witness(es) are not required to submit an Incident Report. Click  if there are no persons involved or witnesses related to the incident.



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Reporting Person Incident Details Resident(s) Person(s) Involved/Witness(es)

(No Persons Added)

ADD PERSON

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 13 - Person Screen

1. Click  to add information on a single **Person** or **Witness**.



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Person(s) Involved/Witness(es)

(No Persons Added)

ADD PERSON

Person Involved ☒ Witness ☐

Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 14 - Person Screen (select person type)

2. Choose whether the Person is **Involved** or a **Witness**. A Person Involved was a participant in the Incident. A Witness saw the Incident but was not directly involved. Figures 1 & 2 below show the data entry areas for each as they are different.



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Person(s) Involved/Witness(es)

(No Persons Added)

ADD PERSON

Person Involved ☒ Witness ☐

First Name:* Street Address:

Last Name:* City:

Position:* -- Select -- State (eg DE):

Phone Number: Zip Code:

Date of Birth: Alt Phone Number:

Gender:* ☐ Male ☐ Female SSN:

* Required

Save **Cancel**

Figure 15 - Person Involved (data entry)



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Accord Health Service at Brandywine

Person(s) Involved/Witness(es)

(No Persons Added)

ADD PERSON

Person Involved ☐ Witness ☒

First Name:* Street Address:

Last Name:* City:

Position:* -- Select -- State (eg DE):



Phone Number: Zip Code:

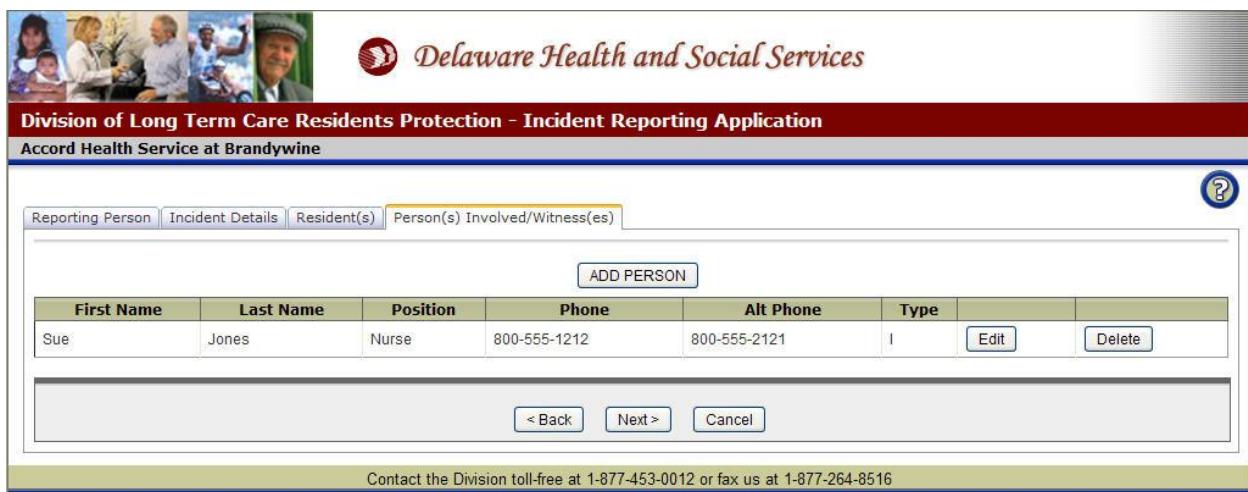
Save **Cancel**

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 16 – Witness (data entry)



3. Enter the **First Name*** up to 30 characters.
4. Enter the **Last Name*** up to 30 characters.
5. Select the **Position*** of the Person.

6. Enter the **Phone Number** of the Person.
7. Enter the **Date of Birth** of the Person (*Involved only*).
8. Select the **Gender*** of the Person (*Involved only*).
9. Enter or modify the **Street Address** up to 40 characters.
10. Enter or modify the **City** up to 30 characters.
11. Enter or modify the 2 character **State**.
12. Enter or modify the **Zip Code**. The plus 4 number is optional.
13. Enter the **Alternate Phone Number** of the Person (*Involved only*).
14. Enter the **Social Security Number** of the Person (*Involved only*). Partial numbers are not allowed.
15. Click  and the **Person** added will appear in the Persons grid.
16. Click  to return to the Persons screen. Any data entered so far will be lost!



Reporting Person | Incident Details | Resident(s) | **Person(s) Involved/Witness(es)**

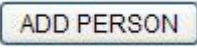
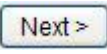
ADD PERSON

First Name	Last Name	Position	Phone	Alt Phone	Type	
Sue	Jones	Nurse	800-555-1212	800-555-2121	I	 

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 17 - Person Screen (person involved added)

17. Click  to enter another **Person Involved** or **Witness**.
OR
18. Click  to Review the **Incident** data.

Edit Person

Person information may be edited only if the Incident Report has not been submitted.

Reporting Person Incident Details Resident(s) **Person(s) Involved/Witness(es)**

ADD PERSON

First Name	Last Name	Position	Phone	Alt Phone	Type		
Sue	Jones	Nurse	800-555-1212	800-555-2121	I	Edit	Delete
Bob	Knight	Facility Maintenance	800-555-1212		W	Edit	Delete

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 18 - Person Screen (two Persons)

1. Click **Edit** next to the desired **Person**. The Person data will appear in the edit area. You must Save or Cancel to return to the Incident Report.

Person(s) Involved/Witness(es)

ADD PERSON

First Name	Last Name	Position	Phone	Alt Phone	Type		
Sue	Jones	Nurse	800-555-1212	800-555-2121	I	Edit	Delete
Bob	Knight	Facility Maintenance	800-555-1212		W	Edit	Delete

Person Involved ☐ Witness ☒

First Name:* Bob Street Address: 123 Main St

Last Name:* Knight City: Newark

Position:* Facility Maintenance State (eg DE): DE

Phone Number: 800-555-1212 Zip Code: 19711-____

Save Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 19 - Person Screen (data entry open)

2. Modify the **First Name*** of the Person, up to 30 characters.
3. Modify the **Last Name*** of the Person, up to 30 characters.
4. Modify the **Position*** of the Person.
5. Modify the **Phone Number** of the Person.
6. Modify the **Date of Birth** of the Person (*only on Involved*).
7. Modify the **Gender*** of the Person (*only on Involved*).
8. Modify the **Street Address** up to 40 characters.
9. Modify the **City** up to 30 characters.
10. Modify the 2 character **State**.
11. Modify the **Zip Code**. The plus 4 number is optional.
12. Modify the **Alternate Phone Number** of the Person (*only on Involved*).
13. Modify the **Social Security Number** of the Person (*only on Involved*). Partial numbers are not allowed.
13. Click and the updated **Person** will appear in the Persons grid.
14. Click to return to the Persons screen. Any modifications will be lost!

Delaware Health and Social Services

Division of Long Term Care Residents Protection - Incident Reporting Application

Accord Health Service at Brandywine

Reporting Person Incident Details Resident(s) Person(s) Involved/Witness(es)

ADD PERSON

First Name	Last Name	Position	Phone	Alt Phone	Type	Edit	Delete
Sue	Jones	Nurse	800-555-1212	800-555-2121	I	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Bob	Knight	Facility Maintenance	888-555-1212		W	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 20 - Person Screen (person updated)

Delete Person

Person information may be deleted only if the Incident Report has not been submitted.

Reporting Person Incident Details Resident(s) **Person(s) Involved/Witness(es)**


ADD PERSON

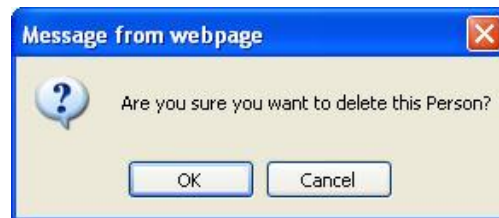
First Name	Last Name	Position	Phone	Alt Phone	Type		
Sue	Jones	Nurse	800-555-1212	800-555-2121	I	Edit	Delete
Bob	Knight	Facility Maintenance	800-555-1212		W	Edit	Delete

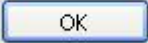

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 21 - Person Screen (two Persons)

1. Click  next to the appropriate **Person**.



2. Click  to permanently delete the **Person** or  to back out without deleting the Person.

Reporting Person Incident Details Resident(s) **Person(s) Involved/Witness(es)**

ADD PERSON

First Name	Last Name	Position	Phone	Alt Phone	Type		
Bob	Knight	Facility Maintenance	888-555-1212		W	Edit	Delete

< Back Next > Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 22 - Person Screen (person deleted)

Review and Submit the Incident Report

This screen allows you to review the Incident Report data before submitting it to the Division. If there is any incorrect or missing data that needs to be modified, click the appropriate tab to return to that set of information. Once the Incident Report has been submitted, the data cannot be changed.

Click **SUBMIT** to complete the **Incident Report** or **Cancel** to return to the home screen without submitting (and lose all data entered).

 **Delaware Health and Social Services**

Division of Long Term Care Residents Protection - Incident Reporting Application
Accord Health Service at Brandywine

Reporting Person

Incident Details

Resident(s)

Person(s) Involved/Witness(es)

Review Incident Report

Incident Details

Reporting Person:	f f	Facility:	Accord Health Service at Brandywine
Address:	505 Greenbank Rd, blank Wilmington, DE 19808-3164	Address:	505 Greenbank Rd, blank Wilmington, DE 19808-3164
Phone:	302-998-0101	Phone:	302-998-0101
Email:	contact@AccordHealth.org		
Position:	Certified Nurse Aid (Facility)		

Incident Date/Time:	12/28/2011 00:00	Resident-to-Resident:	N
Incident Type(s):	Death		
Incident Description:	f		

Resident(s)

Resident:	Jane Doe	Gender:	F	Physician Notified:	Y	Alert:	Y
DOB:	10/31/1930	SSN:	555-55-5555	Family Notified:	N	Oriented:	65
Injury Level:	N/A - Other						

Resident:	John Doe	Gender:	M	Physician Notified:	N	Alert:	
DOB:	*	SSN:	*	Family Notified:	N	Oriented:	
Injury Level:	Injury During Transport						

Witness(es) / Involved Person(s)

Name:	Sue Jones	Position:	Nurse	DOB:	9/23/1965	Involved
Address:	123 Elm St Wilmington, DE 19810	Gender:	F	SSN:	222-22-2222	
Phone:	800-555-1212 800-555-3210 alt					

Name:	Bob Howard	Position:	Facility Administrator	Phone:	*	Witness
Address:	*					

Please review items with a red star *. These fields are not required, but preferred to be entered if at all possible. Click the appropriate tab at the top of the screen to add missing information.

Click **SUBMIT** to send the report to the Division of Long Term Care Residents Protection.

You will be able to print the Incident Report (with the Web Intake ID #) after successfully submitting your data.

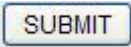
< Back

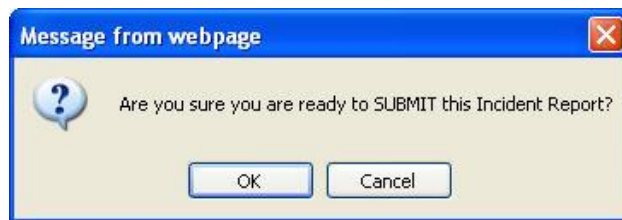
SUBMIT

Cancel

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 23 - Incident report (before submit)

When you click , a confirmation box will pop up:



Click  to submit the **Incident Report** or  to stay on the Review Incident Report screen.

Save and Print the Incident Report

If the **Incident Report** has been successfully submitted, this screen will appear:



The screenshot shows a web application interface for the Delaware Health and Social Services Division of Long Term Care Residents Protection - Incident Reporting Application. At the top, there is a header with a collage of images on the left and the Delaware Health and Social Services logo on the right. Below the header, a red banner displays the application title. A small tab in the top left corner indicates 'Submit Successful'. The main content area features a large 'Submit Successful' message in red, followed by a paragraph stating that the incident report has been submitted and providing a Web Intake ID# of 68. It emphasizes that the user must have this ID# to enter follow-up information later. A 'VIEW DOCUMENT' button is centered below the text. At the bottom of the main area, a warning states that the document cannot be viewed or printed after leaving the screen, with 'Enter Another Incident Report' and 'EXIT' buttons. A footer bar at the very bottom provides contact information for the division.

Submit Successful

Submit Successful

Your Incident Report has been submitted. The Web Intake ID# is 68. You **MUST** have the Web Intake ID# to enter Follow Up information later.

[VIEW DOCUMENT](#)

Once you leave this screen you will not be able to view or print the document.

[Enter Another Incident Report](#) [EXIT](#)

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 24 - Incident Report (submitted successfully)

1. Click [VIEW DOCUMENT](#) to print and/or save the **Incident Report** (next page).

Delaware Health & Social Services
 Division of Long Term Care Residents Protection
 1-877-453-0012 Fax: 1-877-264-8518
 E-Mail: IRCUser@state.de.us

Incident Report for Web Intake #60 - Submitted on 1/3/2012 @ 11:16

Incident Details

Reporting Person: **Nancy Nurse** Facility: **Accord Health Service at Brandywine**
 Address: **505 Greenbank Rd** Address: **505 Greenbank Rd, Blank**
Wilmington, DE 19808-3164 **Wilmington, DE 19808-3164**
 Phone: **302-996-0101** Phone: **302-996-0101**
 Email: **cnurse@accordhealth.org**
 Position: **Nurse (Facility)**

Incident Date/Time: **12/31/2011 @ 09:30** Resident-to-Resident: **N**
 Incident Type(s): **Short Staff, Fall**
 Incident Description: **Mrs. Doe was trying to walk unaided and fell in the solarium.**

Residents

Resident: **Jane Doe** Gender: **F** Physician Notified: **Y** Alert: **Y**
 DOB: **10/31/1930** SSN: **555-55-5555** Family Notified: **Y** Oriented: **65**
 Injury Level: **N/A - Other**



Person(s) Involved / Witness(es)

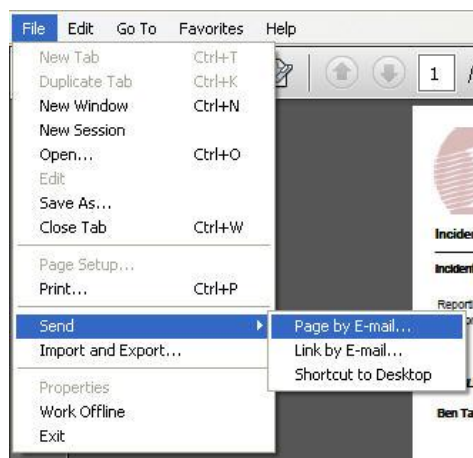
Name: **Sue Jones** Position: **Nurse** DOB: **INVOLVED**
 Address: **INVOLVED** Gender: **F** SSN: **INVOLVED**
 Phone: **INVOLVED**

Name: **Bob Howard** Position: **Facility Maintenance** Phone: **302-555-1212** **WITNESS**
 Address: **123 Elm St**
Wilmington, DE

DLTCRP Incident Report Form Rev. 12/25/11 1 of 1

Figure 25 - Incident Report (in Adobe PDF)

- Click the  to **Save** a copy of the Incident Report electronically.
- Click the  to **Print** a copy of the Incident Report.
- To send the Incident Report to someone by email, click the **File** menu and select **Send => Page by E-mail...**



An email window will appear with the **Incident Report** as an attachment. Depending on what email service you use, your window may look different. Add the recipient's email address and any clarifying information and click Send. This **will not** save the Incident Report on your computer.

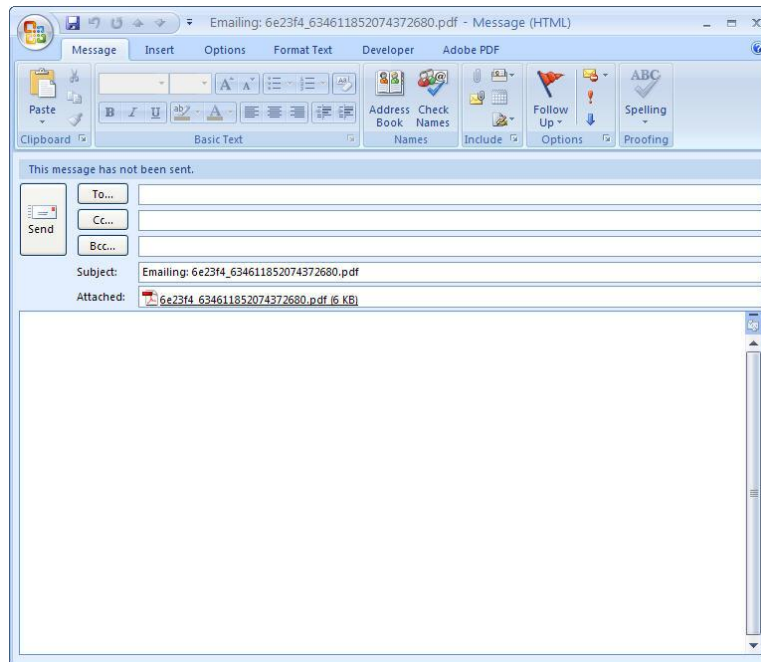


Figure 26 - Emailing Incident Report

5. Click **Enter Another Incident Report** to return to the **Reporting Person** page and skip the Facility confirmation step. Your 30 minute time limit will start over.
6. Click **EXIT** to return to the **Home** screen.

Add Follow Up Information

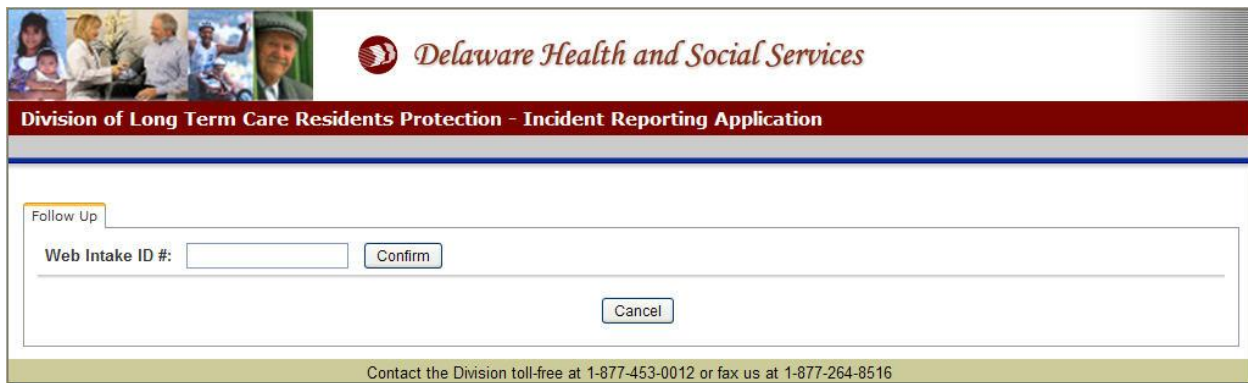
Follow up information may be added to an existing **Incident Report**. After confirming the Facility information on the home screen, click **CONTINUE >** to access this screen:



The screenshot shows the 'Start Screen' of the 'Division of Long Term Care Residents Protection - Incident Reporting Application'. The header includes the Delaware Health and Social Services logo and a navigation bar with a question mark icon. The main content area contains two buttons: 'Create NEW Incident Report' and 'Add Follow Up Information'. The footer provides contact information: 'Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516'.

Figure 27 - Start Screen

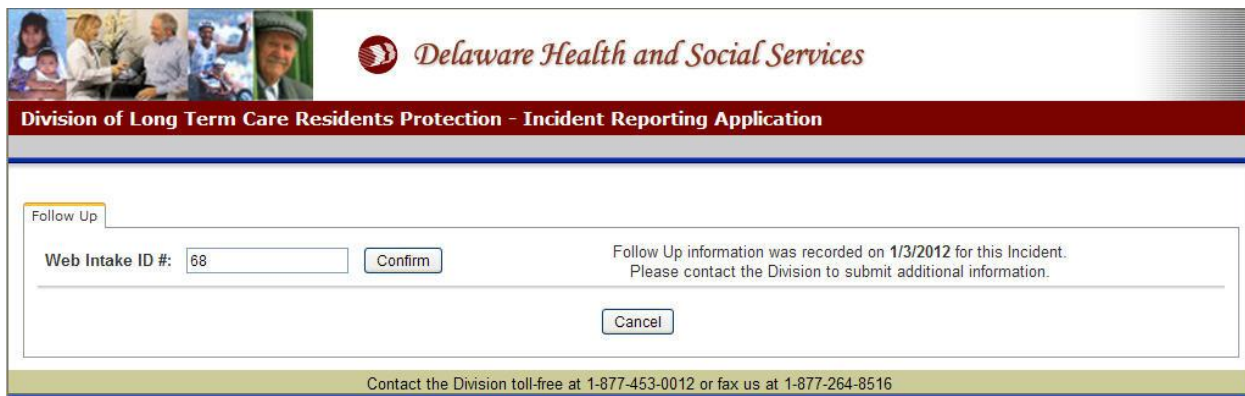
1. Click **Add Follow Up Information** to access the **Follow Up** screen:



The screenshot shows the 'Follow Up' screen. It features a 'Follow Up' tab, a 'Web Intake ID #' input field, and a 'Confirm' button. A 'Cancel' button is located below the input field. The footer provides contact information: 'Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516'.

Figure 28 - Follow Up Screen (confirm Web Intake ID)

2. Enter the desired **Web Intake ID** #. This ID number appears on the Incident Report.
3. Click **Confirm** to check the validity of the **Web Intake ID** #.
 - a. If the Web Intake ID # is invalid, an error message will appear.
 - b. If the **Web Intake ID** # already has Follow Up information, this screen will appear:



Delaware Health and Social Services

Division of Long Term Care Residents Protection - Incident Reporting Application

Follow Up

Web Intake ID #: Follow Up information was recorded on 1/3/2012 for this Incident. Please contact the Division to submit additional information.

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 29 - Follow Up information may only be added once for each Incident Report

- c. If the Web Intake ID # is confirmed, the following screen will appear:



Delaware Health and Social Services

Division of Long Term Care Residents Protection - Incident Reporting Application

Follow Up

Web Intake ID #: Incident Date: 12/31/2011 09:30, Reported by: Nancy Nurse, Primary Incident Type: Short Staff

Enter Follow Up Information:


Your Name:* Your Position:*

Follow Up Information:*

* Required

Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516

Figure 30 - Follow Up Screen (data entry)



The screenshot shows the 'Follow Up' tab of the 'Division of Long Term Care Residents Protection - Incident Reporting Application'. At the top, there is a header with a collage of images and the Delaware Health and Social Services logo. Below the header, the page title is 'Division of Long Term Care Residents Protection - Incident Reporting Application'. The main form area includes a 'Follow Up' tab, a 'Web Intake ID #' field with the value '68' and a 'Confirm' button, and an 'Incident Date: 12/31/2011 09:30, Reported by: Nancy Nurse, Primary Incident Type: Short Staff' label. The 'Enter Follow Up Information:' section contains three required fields: 'Your Name:*' with the value 'Ben Taylor', 'Your Position:*' with the value 'Nurse's Aide', and 'Follow Up Information:*' with the text 'Mrs. Doe ended up with a broken arm.'. A '* Required' label is positioned below these fields. At the bottom of the form are 'SUBMIT' and 'Cancel' buttons. A footer bar at the very bottom contains the contact information: 'Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516'.

Figure 31 - Follow Up Screen (before submit)

4. Enter **Your Name*** up to 50 characters.
5. Enter **Your Position*** up to 50 characters.
6. Enter the **Follow Up Information***.
7. Click **SUBMIT**. Once the **Follow Up** information has been successfully submitted it cannot be changed.

Save and Print the Follow Up Report

If the **Follow Up Report** has been successfully submitted, this screen will appear:



The screenshot shows a web application interface. At the top, there is a header with a collage of people on the left and the text 'Delaware Health and Social Services' on the right. Below this is a red banner with the text 'Division of Long Term Care Residents Protection - Incident Reporting Application'. The main content area has a tab labeled 'Submit Successful'. In the center, it says 'Submit Successful' in a large, bold, red font. Below that, it says 'Your Follow Up for Web Intake ID# 68 has been submitted.' There is a button labeled 'VIEW DOCUMENT'. At the bottom of the main content area, it says 'Once you leave this screen you will not be able to view or print the document.' Below this are three buttons: 'Create a NEW Incident Report', 'Enter Another Follow Up', and 'EXIT'. At the very bottom, there is a footer with contact information: 'Contact the Division toll-free at 1-877-453-0012 or fax us at 1-877-264-8516'.

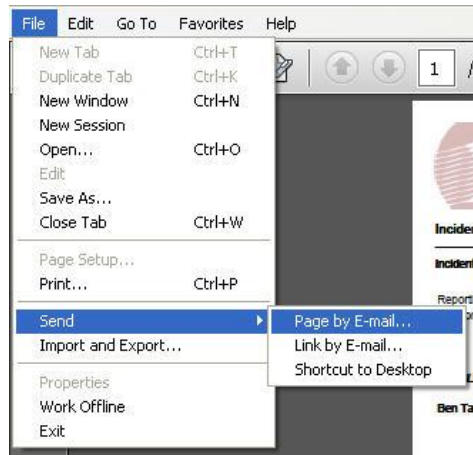
Figure 32 - Follow Up Screen (after successfully submitting)

1. Click **VIEW DOCUMENT** to save and print the **Follow Up Report**.

The screenshot shows a web browser window displaying a document. The browser's address bar shows the URL 'http://www.state.de.us/health/socialservices/irc/incidentreporting/followupreport.asp'. The document header includes the Delaware Health & Social Services logo and contact information: 'Delaware Health & Social Services', 'Division of Long Term Care Residents Protection', '1-877-453-0012 Fax: 1-877-264-8516', and 'E-Mail: IRCUser@state.de.us'. The document title is 'Incident Report for Web Intake #66 - Follow Up Submitted on 1/3/2012'. The incident details are: 'Incident Date: 12/27/2011 14:00, Reported by: Jesse James, Primary Incident Type: Fall'. The reporting person is 'Ben Taylor' and his position is 'Nurse's Aide'. The facility is 'Accord Health Service at Brandywine', located at '505 Greenbank Rd, blank, Wilmington, DE 19808-3164', with a phone number of '302-998-0101'. The 'Follow Up Information' section states: 'Ben Taylor (Nurse's Aide): Mrs. Doe ended up with a broken arm.'

Figure 33 - Follow Up Report

2. Click the  to **Save** a copy of the Follow Up Report electronically.
3. Click the  to **Print** a copy of the Follow Up Report.
4. To send the Follow Up Report to someone by email, click the **File** menu and select **Send => Page by E-mail...**



An email window will appear with the **Follow Up Report** as an attachment. Depending on what email service you use, your window may look different. Add the recipient's email address and any clarifying information and click Send. This **will not** save the Follow Up Report on your computer.

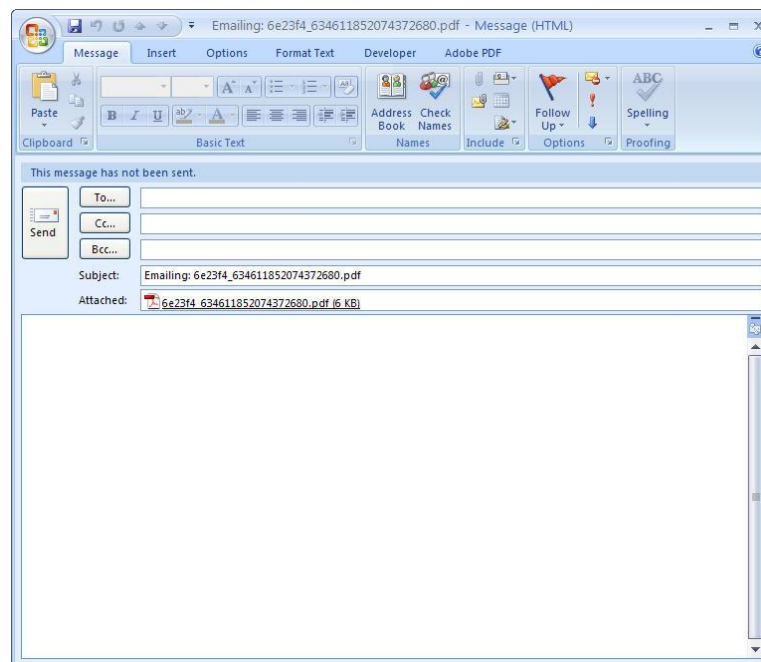
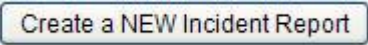
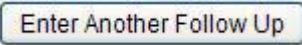



Figure 34 - Emailing Follow Up Report

5. Click  to return to the **Home** screen. Your 30 minute time limit will start over.
6. Click  to clear the data and enter a follow up for a different **Incident Report**.
7. Click  to return to the **Home** screen.